



**ALABAMA**  
LIFESTYLE MEDICINE

**Noah E. Gudel, D.O.**  
Alabama Lifestyle Medicine, LLC  
2208 University Dr.  
Birmingham, AL 35233  
(205) 223-1890  
allifestylemed.com  
allifestylemed@protonmail.com

**Thank you for your interest in our practice; we look forward to meeting you!**

We have enclosed this insurance verification form for your convenience. We recommend that you contact your insurance company using the number on your card, ask the questions listed below, and fill in the information on this form. This worksheet was created to help you better understand your insurance policy and coverage.

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Spoke to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Patient name: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_  
Date patient became effective on policy: \_\_\_\_\_ Does Pre-Existing Condition  
Apply? \_\_\_\_\_  
If yes, what is the pre-existing period?  
\_\_\_\_\_

Specialist office visits will be covered by (please circle one):

**Co-pay or Deductible & Co-Insurance**

Co-Pay \$ \_\_\_\_\_ Co-Insurance: In-Network %: \_\_\_\_\_ Co-Insurance: Out-of-Network: \_\_\_\_\_  
Individual Deductible: \$ \_\_\_\_\_ Individual Deductible Account Met: \$ \_\_\_\_\_  
If applicable, Family Deductible: \$ \_\_\_\_\_ Family Deductible Amount Met: \$ \_\_\_\_\_  
Out-of-Pocket Individual Amount: \$ \_\_\_\_\_ Out-of-Pocket Amount Met: \$ \_\_\_\_\_  
If applicable, Family Out-of-Pocket: \$ \_\_\_\_\_ Family Out-of-Pocket Amount Met: \$ \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_